

# NACE Western Area Conference

November 27-29, 2018 | Sheraton Seattle Hotel | Seattle, Washington

## EXHIBIT RESERVATION FORM

Mail completed form to: NACE International  
Attn: Exhibit Sales  
15835 Park Ten Place  
Houston, Texas 77084

Fax completed form to: +1 281-228-6399  
**Mail OR fax form—do NOT do both as duplicate registration may occur.**

Questions? Call: +1 281-228-6446  
E-mail: sales@nace.org  
Web site: wac.nace.org

Company: \_\_\_\_\_

Name of Conference Registrant: \_\_\_\_\_  
(first/last name)

Booth number desired: (Option 1) \_\_\_\_\_ (Option 2) \_\_\_\_\_ (Option 3) \_\_\_\_\_

Additional Booth Attendant: \_\_\_\_\_  
(Additional fee required, see below) (first/last name)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

Exhibitor Contact Name: \_\_\_\_\_

Exhibitor Contact Email: \_\_\_\_\_

Note: If you have a disability that may affect your participation, check here and fax a written description of your needs to +1 281-228-6314. NACE Conference staff will contact you.

### EXHIBIT FEES

\$750 (USD) 8' x 10' exhibit space (includes one 6' table and two chairs with full conference registration)  
\$350 (USD) Additional booth attendant

### CANCELLATION AND REFUND POLICIES

All requests for cancellation must be submitted in writing. All paid and guaranteed registrations cancelled in writing at least 30 calendar days in advance of the event will receive a 50% refund of the total exhibit space fees. No refunds or credits will be issued on cancellation requests received less than 30 days before the scheduled event.

### PAYMENT INFORMATION

Payment in U.S. dollars drawn on a U.S. financial institution. Registrations will not be processed without payment. Please do not ask to be invoiced. Remit wires to NACE International, Swift Code FRSTUSD44, Acct# 502209039, ABA 114000093.

Total payment in U.S. \$:	
Check enclosed—check number:	
Wire payment.	
Charge my credit card:	MasterCard VISA AMEX Discover
Card #:	
Exp. Date:	
Name on Card:	
Signature:	